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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150 2012

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning January 1 2012, and ending . 20 December 31 B Check if applicable C Name of organization D Employer identification number Address change Mississippi Peanut Growers Association 300381243 Name chance Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 601-606-3547 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > Petal, MS 39465-0284 Application pending G Accounting Method: Cash Accrual Other (specify) ▶ H Check ► If the organization is not I Website: ► http://peanut.msstate.edu required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **527** If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 80,717 Revenue. Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 40,460 2 Program service revenue including government fees and contracts 2 35,500 Membership dues and assessments 3 3 4,757 တ 4 5a Gross amount from sale of assets other than inventory . . SCANNED MAY Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6d** 7a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c Other revenue (describe in Schedule O) 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 80,717 10 Grants and similar amounts paid (list in Schedule O) 10 20,847 Benefits paid to or for members 11 11 8,377 12 Salaries, other compensation, and employee benefits . 12 19,944 13 Professional fees and other payments to independent contractor 13 20,502 Ó 14 Occupancy, rent, utilities, and maintenance 14 4,034 15 Printing, publications, postage, and shipping 15 3,621 16 Other expenses (describe in Schedule O) 16 7,888 17 Total expenses. Add lines 10 through 16 17 85,213 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 18 (4,496)Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 34,421 Š 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21



						. ago _
Pa	rt II Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	<u> </u>
22	Cook sowner and investments			(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments			34,421	23	<u>29,925</u> 0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			34,421		29,925
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			34,421	27	29,925
Pai	Statement of Program Service Accom	-		•		Expenses
\A/b.a	Check if the organization used Schedule					uired for section
	at is the organization's primary exempt purpose?			_		c)(3) and 501(c)(4) nizations and section
as r	cribe the organization's program service accompli neasured by expenses. In a clear and concise means benefited, and other relevant information for ea	nanner, describe the				(a)(1) trusts, optional hers.)
28	2 day State-wide production meeting and trade show	attended by 243 gro	wers to recieve late:	st research and		
	marketing information from S.E. University Research					
	National Peanut Board also presented information of					
20		includes foreign gra			28a	
29	Promoted peanuts and peanut products at the Miss.	**				
	directors from 152 school districts. This was done by was given to 250 attendees to show value of peanut			·		
		includes foreign gra		•	29a	
30	Co-promotion with NPB for 3rd year on slogan, Pean		 	etes Foundation		
	Walks, newsletters, walkers and walker handouts rea					
	to get literature, signs, and publicity. Peanut Butter i	s excellent food for D	iabetics.			
	·	includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
20	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ </u>	31a	
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key				32	lana for Dort IVA
ı aı	Check if the organization used Schedule				struct	ions for Part IV)
	One on the first and a confederate	(b) Average	(c) Reportable	(d) Health benefits,	Ť	• • • • •
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS(contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-	deferred compensation	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	H. Morgan - President					
	B. Horne Rd., Hattiesburg, MS 39401	<u> </u>			+-	
	Hensarling - View President					
	Prospect Rd., Richton, Ms 39476 Self -director				+	
	5 Self Rd., Hamilton, Ms 39746	1				
	nie Fortner - director			<u> </u>	†	
	Drake Hill Dr., Port Gibson, Ms 39150	<u> </u>				
Stev	e Seward - director					
	1 Tanner Williams Rd., Lucedale, Ms 39452	<u> </u>			<u> </u>	
	Atkins - director	1.				
-	5 New Prospect Rd., Hamilton, Ms 39746	<u> </u>				
	el Parrish – dine far Poplar St., Greenwood, Ms 38930				ı	
1100	T Opiai St., Greenwood, MS 30330					
		<u> </u>				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			\Box		
	instructions for Part V) Check if the organization used Schedule C to respond to any question in this	ran	Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35a						
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	✓		
С	141 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a					
b	Did the organization file Form 1120-POL for this year?	37b		✓		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		 			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1				
39	Section 501(c)(7) organizations. Enter:		ĺ			
а	Initiation fees and capital contributions included on line 9	4				
b	Gross receipts, included on line 9, for public use of club facilities	4				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit					
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь				
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1		
41	List the states with which a copy of this return is filed ▶					
42a	The organization's books are in care of ▶ Malcolm Broome Telephone no. ▶	601-60	6-354	7		
	Located at ► 141 Timber Lakes Dr., Petal, Mississippi ZIP + 4 ►	39465				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	> 🗆		
44	Did the superiordinal analysis and the second secon		Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					
	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h				

Form 990)-EZ (2	012)		·				F	Page 4
**	רי א	ha armanization angona directly ar in	dwoath un nalitical s	ampaign activities	on bobolf	of ar in annacity		Yes	No
		he organization engage, directly or in- ndidates for public office? If "Yes," co						·	
Part \	Л	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51	only s must answer que	estions 47-49b a	nd 52, and	d complete the		for lin	es —
		Check if the organization used Sch	edule O to respond	to any question	in this Par	t VI	• • •		<u> </u>
		he organization engage in lobbying a		section 501(h) ele		ect during the t	tax 47	Yes	No
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							+	
		he organization make any transfers to		•			49a		
		es," was the related organization a sec					49b		
		plete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the or	 		e, enter "l	None."	
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu	lealth benefits, tions to employee plans, and deferred empensation	(e) Estimat other cos		
			<u></u>						
			 	-					
51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	five highest comp		ent contrac	ctors who each	received	more	than
(a) N	łame a	and address of each independent contractor paid	d more than \$100,000	(b) Type of	service	(c)	Compensat	ion	
				-					
d	Total	number of other independent contract	ctors each receiving	Over \$100 000					
52	Did tl	he organization complete Schedule A xempt charitable trusts must attach a	? Note: All section 5	601(c)(3) organizati		47(a)(1)	► □ Ye:	. I	No
Under pe	nalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and sta	tements, and	to the best of my kno			
		1 971 Nalan Broome 4/11/201							
Sign Here	Signature of officer Malcolm Broome, Executive Director						•		
		Type or print name and title							
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	1		
Use C		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶	-1			Phone no.			
May the	e IRS	discuss this return with the preparer	snown above? See	instructions		🕨	► 🔲 Yes	; 📋 I	No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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► Attach to Form 990 or 990-EZ. Name of the organization **Employer identification number** Mississippi Peanut Growers Association 300381243

Part 1-10 grant paid to Mississippi State University for completion of peanut variety trial research project in amount of \$18,150. Grant to Miss.
School Nutrition Assn. of \$2,697 for Platinum Sponsorship of their annual program.
Part 1 -16 Travel and lodging for Association business meetings in Jackson, and Grenada, Mississippi, plus Southern Peanut Farmers
Federation Winter Board meeting and Southern Peanut Growers Summer Conference, Panama City, FL.
Part 3- 31 Exhibit Booth at Diabetes SuperConference in Jackson, MS reaching over 400 diabetic individuals with peanut nutrition information
MPGA also again promoted March - National Peanut Month with live interviews on 6 TV stations across the State using peanut goody baskets
plus new literature featuring our new AHA "Heart Ckeck" mark. Cooperating with Southern Peanut Growers, MPGA helped sponsor the
Mississippi High School Football Championship Play-offs with live interviews in the stadium, exhibit booth, and in stadium commercials.
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